

Combined Full Reports (PDFs/PFFs)

Reports in this file:

(in order as they appear in the document)



1. NYSID No.		2. OBTS No.		New York State ARREST REPORT				4. Ref No.		4b.	
5. FBI No.		6. Arrest No.		7. Agency S.P.D		8. Division/Precinct PATROL 03		4a.			
9. Name (Last, First, Middle) [REDACTED]				10. Alias / Nickname / Maiden Name (Last, First, Middle) A				11. Phone Number [REDACTED]			
DEFENDANT INFORMATION		13. City, State, Zip (C <input checked="" type="checkbox"/> T <input type="checkbox"/> V <input type="checkbox"/> Syracuse NY 13203				14. Residence Status <input checked="" type="checkbox"/> Resident <input type="checkbox"/> Foreign Non-Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> Unknown		15. Place of Birth N.Y.			
		16. Date of Birth [REDACTED]		17. Age 52		18. Sex M <input type="checkbox"/> F <input type="checkbox"/> U <input type="checkbox"/>		19. Race <input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Indian <input type="checkbox"/> Other <input type="checkbox"/> Unknown		20. Ethnic <input checked="" type="checkbox"/> Non Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> Unknown	
		21. Skin <input checked="" type="checkbox"/> Light <input type="checkbox"/> Medium <input type="checkbox"/> Dark <input type="checkbox"/> Other <input type="checkbox"/> Unknown		22. Height 6' 0" Feet Inches		23. Weight 230		24. Hair BRN		25. Eyes BRN	
		26. Glasses <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Build <input checked="" type="checkbox"/> Small <input type="checkbox"/> Med <input type="checkbox"/> Large		28. Marital Status <input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Unknown		29. U.S. Citizen <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		30. Citizen of U.S.	
31. Social Security No. [REDACTED]		32. Education 10 yrs		33. Religion Bapt.		34. Occupation -		35. Employed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		36. Scars / Marks / Tattoos (Describe) -	
ARREST INFORMATION		37. Arresting Officer M. Shannon		38. ID No. 0385		39. Assisting Officer M. Dixon		40. ID No. 0539		41. Arrest Date 9/29/16 Mo Day Yr	
		42. Time 2:28		43. Location of Arrest (C <input checked="" type="checkbox"/> T <input type="checkbox"/> V <input type="checkbox"/> No. Street City State 1201 N. Schuyler St Sy NY		44. Juvenile <input type="checkbox"/> Juv - No Further Process <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		45. Condition of Defendant At Arrest <input type="checkbox"/> Impaired Drugs <input type="checkbox"/> Mental Dis <input type="checkbox"/> Impaired Alco <input type="checkbox"/> Inj/III <input checked="" type="checkbox"/> App Normal		46. Weapon(s) at Arrest Knife	
		47. Co-defendant's Arrest No. -		48. Miranda <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		49. Miranda by -		50. Miranda Date - Mo Day Yr		51. Miranda Time -	
		52. Statements <input type="checkbox"/> Written <input type="checkbox"/> None <input type="checkbox"/> Verbal		53. Status <input type="checkbox"/> Bail/ROR <input type="checkbox"/> Parole <input type="checkbox"/> Probation		54. Search Warrant <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		55. ID Procedure <input type="checkbox"/> Line Up <input type="checkbox"/> Photo <input checked="" type="checkbox"/> None <input type="checkbox"/> Show Up		56. Arraignment Court City	
CHARGE INFORMATION		57. Arraignment Judge Preciding		58. Date 9/30/16 Mo Day Yr		59. Time 0930		60. Property <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		61. Evidence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		62. Incident No. 16-47975		63. Arrestee Status <input type="checkbox"/> ROR <input type="checkbox"/> Police Bail <input checked="" type="checkbox"/> Held <input type="checkbox"/> Cash Bail <input type="checkbox"/> Bail Bond <input type="checkbox"/> App Tkt <input type="checkbox"/> Ref to 3rd Party		64. Bail Amount		65. Bondsman		66. Photo No.	
		67. Arrest Type <input type="checkbox"/> PW <input type="checkbox"/> IW <input type="checkbox"/> SUM <input type="checkbox"/> CIP <input checked="" type="checkbox"/> COMP <input type="checkbox"/> OP <input type="checkbox"/> FC <input type="checkbox"/> VOP <input type="checkbox"/> BW <input type="checkbox"/> AW <input type="checkbox"/> OT		68. Warrant No. -		69. Arrest FOA <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		70. Other Agency		71. F/P Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		72. Location of Offense (C <input checked="" type="checkbox"/> T <input type="checkbox"/> V <input type="checkbox"/> City Syr County Onondaga State NY		73. Offense Date 9/29/16 Mo Day Yr		74. No. Offenders 1		75. No. Victims 2		76. Return Court	
ASSOCIATED PERSONS INFORMATION		77. Return Judge		78. Return Date Mo Day Yr		79. Time		80. Defendant/Case TOT Agency		80a. Officer's Name	
		80b. ID No.		81. Time		82. Date Mo Day Yr		83. Law Article & Section		SUB CL CAT DEG ATT	
		NAME OF OFFENSE		CTS		NCIC CODE		VICTIM Age Sex Handicap		ASSOC. NO	
		TYPE									
NARRATIVE		84. Person Type EM=Employer OT=Other Child SP=Spouse PA=Parent CD=Co-Defendant AS=Associate SC=School LA=Lawyer PO=Parole Officer PR=Probation Officer VI=Victim WI=Witness Re=Relative CO=Complainant RP=Religious Person DR=Doctor									
		Type Name (Last, First, Middle) Street Number and Name City, State, Zip Phone Number									
ON THE ABOVE DATE, TIME AND LOCATION, THE ABOVE DEFENDANT WAS ARRESTED FOR THE ABOVE LISTED CHARGE (S) DEFENDANT <u>DID (NOT)</u> POSSESS VALID NYS IDENTIFICATION AND WAS <u>(NOT)</u> RELEASED ON APPEARANCE TICKET (#) FILE 05 WARRANT CHECK <u>NEGATIVE</u> / <u>POSITIVE</u> TRANSPORTED TO BOOKING VIA UNIT 595 <u>WITH (OUT)</u> INCIDENT REAR SEAT CHECK <u>NEGATIVE</u> / <u>POSITIVE</u> UNIT 410 SGT. IZZ0 NOTIFIED											
88. Arresting Officer's Signature [Signature]		87. ID No. 0385		88. Supervisor's Signature [Signature]		89. ID No. 040		90. Arrest Made As A Result Of a SAFIS Latent Print Identification? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		91. [Signature]	
92. [Signature]		93.								Page of 1 pages	

STATE OF NEW YORK
COUNTY OF ONONDAGA
CITY OF SYRACUSETIME STARTED 2136DR # [REDACTED]

I, [REDACTED], being duly sworn, state I am 38 years of age [REDACTED] and my address is [REDACTED]. My occupation is Bar-tender, my work address is [REDACTED] and I have completed 12 years of school. I can be reached at the following phone numbers, [REDACTED] home and [REDACTED] work.

It is Thursday 29 September 2016 and I am giving this statement to Officer Walters of the Syracuse Police Department regarding an incident that just occurred. I am giving this statement truthfully and to the best of my knowledge.

At approximately 9:20pm tonight, a white male entered the bar I currently work at (Fantasy Nights) and began walking around the inside of the bar. I told this male, who Police later identified as [REDACTED] (DOB [REDACTED]) that he needs to buy a drink or he needs to leave. At this point I left from behind the bar and cut him off and stopped near him near the ATM. I told the male he needs to leave the business after telling him multiple times he needs to buy a drink or leave. The male then told me "I'll deck you," and started walking towards the front door. He then stopped out of the front door, but still refused to leave. I then saw the male pull a small folding pocket knife out of his pocket and hold it in his right hand. The male then said "I'll stab you nigger." At this point I was standing outside with this guy, and he walked back inside of the bar. I did not want to confront this guy anymore as he was carrying the knife, so I stayed outside as he went back in. I then called 911 and Police arrived shortly after. Police then escorted him outside and I did not see any of the interaction between them outside.

This statement is the truth and I desire prosecution.

TIME ENDED 2150

I have read this statement (had this statement read to me) which consists of 1 page (s) and the facts contained therein are true and correct to the best of my knowledge.

NOTE: FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW OF THE STATE OF NEW YORK.

29

day of

SEPT

, 20

16

witness

P.O.C. Walters #338

STATEMENT

STATE OF NEW YORK
COUNTY OF ONONDAGA
CITY OF SYRACUSE

TIME STARTED

9:49 p.m.

DR #

I [REDACTED], being duly sworn, state I am 66 years of age [REDACTED] and my address is [REDACTED]. My occupation is Administrator, my work address is [REDACTED] and I have completed 19 years of school. I can be reached at the following phone numbers, [REDACTED] home and [REDACTED] work.

I am giving this statement to officer Martins in the 1200 block of N. Salina St. regarding an incident I witnessed.

On today's date at around 9:20 p.m. the owner of a bar and a patron were outside and the patron was trying to come inside without buying a drink for a second time. The bar tender asked the male to leave but the male approached the owner with a small knife. The patron chased the bar tender in a threatening manner down the street with the knife out.

The bar tender did not hit the male but called police. The patron came back into the bar and sat down in the front row of the club.

Two policemen arrived and put his hands behind his back and walked him out. Once outside I think they were trying to find his knife and cuff him for everyone's safety. The suspect started resisting being handcuffed by refusing to put his hands behind his back so the police took him to the ground and he still resisted. The police struck him several times to try to get his hands behind his but he still refused. I came back into the bar and got the bar tender to possibly help the two officers but more policemen arrived. He was not going to put his hands behind his back.

I have given this statement on my own free will.

TIME ENDED 10:00 p.m.

I have read this statement (had this statement read to me) which consists of 1 page (s) and the facts contained therein are true and correct to the best of my knowledge.

NOTE: FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW OF THE STATE OF NEW YORK.

At [REDACTED], this 29th day of Sept, 2016
[REDACTED] Junior Martins #309
[REDACTED] witness

CNYLEADS Report Cover Page

Agency Name

Syracuse Police Department

Incident Complaint Number

[REDACTED]

Related DR Number

-

Incident Type

MENA

Officer Name

Michael Shannon

Select Page(s) to
use & go to page

Select
Page(s)

☒ INCIDENT PAGE

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☐ INVOLVED PERSONS 9-11

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CNYLEADS Incident Report Form 3.6 (Rev. 2/07)

Agency Name Syracuse Police Department										Location Code 3401		Beat 451									
2. Incd. Address Num 1201		Prefix N		Street Name Salina		Street Type ST		Suffix		Bldg.		APT#		3. City Syracuse		4. State NY		5. Zip 13208			
6. Incident Type MENA				7. Premise Name Fantasy Nights				8. Alarm #		9. Occurred Date/ Time 09/29/2016 21:20				10. To Date/ Time / / :							
11. Disp. Address Num 1201		Prefix N		Street Name Salina		Street Type ST		Suffix		Bldg.		APT#		12. City Syracuse		13. Dispatched Date / Time 09/29/2016 21:24					
INCIDENT		Weapon 1 A 11		Weapon 2 B 77		Weapon 3 C 77		Incident Location Type D 26		Larceny Type E 77		Bias Crime F 77		Burglary Force G 77		Burglary Entry H 77		Significant Event (Clery only) I			
1. Person Type VI		2. Victim Type Individual		3. Last [REDACTED]		First [REDACTED]		Middle		4. Suffix		5. Business Name									
6. Alias/Nickname/Maiden Name				7. Race B		8. Ethnicity N		9. Sex M		10. DOB [REDACTED]		11. Age 37		12. Hgt 6' 00"		13. Wgt 250		14. Hair BLK		15. Eye BRO	
16. Address: Num [REDACTED]		Prefix		Street Name [REDACTED]		Street Type [REDACTED]		Suffix		Bldg.		APT#		17. City Syracuse		18. State NY					
19. Zip		20. Resident Status (Clery only)				21. Home Phone () -		22. Cell Phone [REDACTED]		23. Soc. Sec. # - -		23A. Student ID # (Clery only)		24. Scars / Marks / Tattoos							
25. Describe:										26. Skin D		27. Eyewear		28. Employer Fantasy Nights							
29. Work Phone () -		30. Occupation Bartender				31. Address Num 1201		Prefix N		Street Name Salina				Street Type ST		Suffix					
Bldg.		Suite#		32. City Syracuse		33. State NY		34. Zip 13208		35. Apparent Condition Not Injured		36. Handicapped N		37. Nature of Ill / Inj 77		38. Med. Treatment 77					
39. Subject description, actions, etc VI of menacing																					
1. Person Type VI		2. Victim Type Society		3. Last		First		Middle		4. Suffix		5. Business Name New York State									
6. Alias/Nickname/Maiden Name				7. Race		8. Ethnicity		9. Sex		10. DOB / /		11. Age		12. Height ' "		13. Weight		14. Hair		15. Eye	
16. Address: Num 511		Prefix S		Street Name State		Street Type ST		Suffix		Bldg.		APT#		17. City Syracuse		18. State NY					
19. Zip 13202		20. Resident Status (Clery only)				21. Home Phone () -		22. Cell Phone () -		23. Soc. Sec. # - -		23A Student ID # (Clery only)		24. Scars / Marks / Tattoos							
25. Describe:										26. Skin		27. Eyewear		28. Employer							
29. Work Phone () -		30. Occupation				31. Address Num		Prefix		Street Name				Street Type		Suffix					
Bldg.		Suite#		32. City Syracuse		33. State		34. Zip		35. Apparent Condition Not Applicable		36. Handicapped N		37. Nature of Ill / Inj 77		38. Med Treatment 77					
39. Subject description, actions, etc VI of resisting arrest																					
1. Owner Person 3		2. Status 06		3. Desc. Code 40		4. Quantity 01		5. Measure		6. Item Folding Knife											
7. Make Unknown		8. Drug Type		9. Model		10. Serial Number				11. Gun Type		12. Gun Caliber		13. Value \$ 1.00							
1. Code		2. Plate #		3. State		4. Expiration / /		5. Reg. Type		6. Imp. Plate		7. VIN/HULL #								8. # Occ.	
9. Year		10. Make				11. Model		12. Style		13. Color		14. Vehicle Value		15. Damage Est.		16. Weapon in Veh		17. NCIC Ck			
18. Vehicle Description / Damage																					
19. Towed		20. Owner Notif		21. Hold		22. Reason				23. To/By Tow Company				24. Truck #/ Tow Operator							
1. CASE STATUS: Closed				2. CLOSED BY : Arrest				DISPOSITION: (SU only)				3. NYSPIN MSG:		4. DATE / /		5. TIME :		Records Use Only 743			
6. NOTIFIED UNIT:				7. PERSON NOTIFIED:				8. NOTIFIED DATE TIME: / / :				9. CASE RESPONSIBILITY/TOT:				Lab Submission Request N					
False Statements made herein are punishable as a Class A Misdemeanor pursuant to 210.45 NYSPLAFFIRMED UNDER PENALTY OF PERJURY										Administrative Use Only											
10. PRINT NAME Michael Shannon										11. ID# 12. SIGNATURE 0385 Electronically Signed											
13. SUPERVISOR NAME (PRINT) Sgt Susan Izzo										14. ID# APPROVED DATE 15. APPROVED BY SIGNATURE 0040 09/30/2016 Approved Electronically											

CNYLEADS Involved Persons 3-5 Supplement

DR #

Involved Person 3	1. Person Type AR	2. Victim Type	3. Last			4. Suffix	5. Business Name						
	6. Alias/Nickname/Maiden Name			7. Race W	8. Ethnicity N	9. Sex M	10. DOB	11. Age 52	12. Hgt 6' 00"	13. Wgt 230	14. Hair BRO	15. Eye BRO	
	16. Address: Num			Prefix	Street Name		Street Type ST	Suffix	Bldg.	APT# 504	17. City Syracuse	18. State NY	
	19. Zip	20. Resident Status (Clery only)	21. Home Phone () -	22. Cell Phone () -	23. Soc. Sec. #	23A. Student ID # (Clery only)	24. Scars/Marks/Tattoos						
	25. Describe:			26. Skin L	27. Eyewear	28. Employer Unemployed							
Involved Person 4	29. Work Phone () -	30. Occupation None	31. Address Num	Prefix	Street Name			Street Type	Suffix				
	Bldg.	Suite#	32. City	33. State	34. Zip	35. Apparent Condition Injured/ill	36. Handicapped N	37. Nature of Ill/Inj 07	38. Med Treatment 01				
	39. Subject description, actions, etc AR for menacing and resisting arrest												
	1. Person Type WI	2. Victim Type	3. Last			4. Suffix	5. Business Name						
	6. Alias/Nickname/Maiden Name			7. Race W	8. Ethnicity N	9. Sex M	10. DOB	11. Age 66	12. Hgt ' "	13. Wgt	14. Hair	15. Eye	
Involved Person 5	16. Address: Num	Prefix	Street Name		Street Type	Suffix	Bldg.	APT#	17. City Syracuse	18. State NY			
	19. Zip	20. Resident Status (Clery only)	21. Home Phone () -	22. Cell Phone () -	23. Soc. Sec. # - -	23A. Student ID # (Clery only)	24. Scars/Marks/Tattoos						
	25. Describe:			26. Skin	27. Eyewear	28. Employer							
	29. Work Phone () -	30. Occupation	31. Address Num	Prefix	Street Name			Street Type	Suffix				
	Bldg.	Suite#	32. City	33. State	34. Zip	35. Apparent Condition Normal	36. Handicapped N	37. Nature of Ill/Inj 77	38. Med Treatment 77				
39. Subject description, actions, etc Witnessed below described incident													
Involved Person 6	1. Person Type	2. Victim Type	3. Last			4. Suffix	5. Business Name						
	6. Alias/Nickname/Maiden Name			7. Race	8. Ethnicity	9. Sex	10. DOB / /	11. Age	12. Hgt ' "	13. Wgt	14. Hair	15. Eye	
	16. Address: Num	Prefix	Street Name		Street Type	Suffix	Bldg.	APT#	17. City	18. State			
	19. Zip	20. Resident Status (Clery only)	21. Home Phone () -	22. Cell Phone () -	23. Soc. Sec. # - -	23A. Student ID # (Clery only)	24. Scars/Marks/Tattoos						
	25. Describe:			26. Skin	27. Eyewear	28. Employer							
Involved Person 7	29. Work Phone () -	30. Occupation	31. Address Num	Prefix	Street Name			Street Type	Suffix				
	Bldg.	Suite#	32. City	33. State	34. Zip	35. Apparent Condition	36. Handicapped	37. Nature of Ill/Inj	38. Med Treatment				
	39. Subject description, actions, etc												
	False Statements made herein are punishable as a Class A Misdemeanor pursuant to 210.45 NYSPLAFFIRMED UNDER PENALTY OF PERJURY					Administrative Use Only							
	PRINT NAME Michael Shannon					ID# 0385	SIGNATURE Electronically Signed		SUPERVISOR NAME (PRINT) Sgt Susan Izzo		ID# 0040	APPROVED DATE 09/30/2016	APPROVED BY SIGNATURE Approved Electronically

CNYLEADS Property Supplement 2-14						DR #	Total \$		2.00
Person 3	1. OWNER	2. STATUS	3. DESC. CODE	4. QUANTITY	5. MEASURE	6. ITEM			
	7. MAKE	8. DRUG TYPE	9. MODEL	10. SERIAL NUMBER	11. GUN TYPE	12. GUN CALIBER	13. VALUE	1.00	
Person 3	1. OWNER	2. STATUS	3. DESC. CODE	4. QUANTITY	5. MEASURE	6. ITEM			
	7. MAKE	8. DRUG TYPE	9. MODEL	10. SERIAL NUMBER	11. GUN TYPE	12. GUN CALIBER	13. VALUE		
Person 4	1. OWNER	2. STATUS	3. DESC. CODE	4. QUANTITY	5. MEASURE	6. ITEM			
	7. MAKE	8. DRUG TYPE	9. MODEL	10. SERIAL NUMBER	11. GUN TYPE	12. GUN CALIBER	13. VALUE		
Person 5	1. OWNER	2. STATUS	3. DESC. CODE	4. QUANTITY	5. MEASURE	6. ITEM			
	7. MAKE	8. DRUG TYPE	9. MODEL	10. SERIAL NUMBER	11. GUN TYPE	12. GUN CALIBER	13. VALUE		
Person 6	1. OWNER	2. STATUS	3. DESC. CODE	4. QUANTITY	5. MEASURE	6. ITEM			
	7. MAKE	8. DRUG TYPE	9. MODEL	10. SERIAL NUMBER	11. GUN TYPE	12. GUN CALIBER	13. VALUE		
Person 7	1. OWNER	2. STATUS	3. DESC. CODE	4. QUANTITY	5. MEASURE	6. ITEM			
	7. MAKE	8. DRUG TYPE	9. MODEL	10. SERIAL NUMBER	11. GUN TYPE	12. GUN CALIBER	13. VALUE		
Person 8	1. OWNER	2. STATUS	3. DESC. CODE	4. QUANTITY	5. MEASURE	6. ITEM			
	7. MAKE	8. DRUG TYPE	9. MODEL	10. SERIAL NUMBER	11. GUN TYPE	12. GUN CALIBER	13. VALUE		
Person 9	1. OWNER	2. STATUS	3. DESC. CODE	4. QUANTITY	5. MEASURE	6. ITEM			
	7. MAKE	8. DRUG TYPE	9. MODEL	10. SERIAL NUMBER	11. GUN TYPE	12. GUN CALIBER	13. VALUE		
Person 10	1. OWNER	2. STATUS	3. DESC. CODE	4. QUANTITY	5. MEASURE	6. ITEM			
	7. MAKE	8. DRUG TYPE	9. MODEL	10. SERIAL NUMBER	11. GUN TYPE	12. GUN CALIBER	13. VALUE		
Person 11	1. OWNER	2. STATUS	3. DESC. CODE	4. QUANTITY	5. MEASURE	6. ITEM			
	7. MAKE	8. DRUG TYPE	9. MODEL	10. SERIAL NUMBER	11. GUN TYPE	12. GUN CALIBER	13. VALUE		
Person 12	1. OWNER	2. STATUS	3. DESC. CODE	4. QUANTITY	5. MEASURE	6. ITEM			
	7. MAKE	8. DRUG TYPE	9. MODEL	10. SERIAL NUMBER	11. GUN TYPE	12. GUN CALIBER	13. VALUE		
Person 13	1. OWNER	2. STATUS	3. DESC. CODE	4. QUANTITY	5. MEASURE	6. ITEM			
	7. MAKE	8. DRUG TYPE	9. MODEL	10. SERIAL NUMBER	11. GUN TYPE	12. GUN CALIBER	13. VALUE		
Person 14	1. OWNER	2. STATUS	3. DESC. CODE	4. QUANTITY	5. MEASURE	6. ITEM			
	7. MAKE	8. DRUG TYPE	9. MODEL	10. SERIAL NUMBER	11. GUN TYPE	12. GUN CALIBER	13. VALUE		
False Statements made herein are punishable as a Class A Misdemeanor pursuant to 210.45 NYSPL AFFIRMED UNDER PENALTY OF PERJURY PRINT NAME ID# SIGNATURE Michael Shannon 0385 Electronically Signed					Administrative Use Only SUPERVISOR NAME (PRINT) ID# APPROVED DATE APPROVED BY SIGNATURE Sgt Susan Izzo 0040 09/30/2016 Approved Electronically				

CNYLEADS

Offense Page

DR #

	1. Law Type	2. Section	3. Sub	4. Class	5. Cat	6. Degree	7. Attempt	8. Offense Name	9. Count
1	PL	12014	01	A	M	2	N	Menacing	01
2	PL	26501	02	A	M	4	N	CPW	01
3	PL	20530		A	M		N	Resisting Arrest	01
4									
5									
6									
7									
8									
9									
10									
11									
12									
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False Statements made herein are punishable as a Class A Misdemeanor pursuant to 210.45 NYSPL AFFIRMED UNDER PENALTY OF PERJURY			Administrative Use Only			Page 5	
PRINT NAME	ID#	SIGNATURE	SUPERVISOR NAME (PRINT)	ID#	APPROVED DATE	APPROVED BY SIGNATURE	of
Michael Shannon	0385	Electronically Signed	Sgt Susan Izzo	0040	09/30/2016	Approved Electronically	7

CNYLEADS Narrative Supplement 1

AGENCY Syracuse Police Department		DR # [REDACTED]			
Person Type VI	Last Name [REDACTED]	First [REDACTED]	Middle	Suffix	Business Name

On Thursday, 29Sep16, at 2124hrs, while assigned to Unit 432C along with Ofc. Dixon, we responded to 1201 N. Salina Street at Fantasy Nights in regards to a menacing investigation.

Upon arrival, I spoke with the caller, [REDACTED], who stated the following. At approximately 2120hrs, a white male, who was later identified as [REDACTED] entered the Fantasy Nights. [REDACTED] who is the bartender at the same location, stopped [REDACTED] at the door and advised him of the one(1) drink minimum purchase that is required to gain entry. [REDACTED] refused to purchase the drink and was asked to leave multiple times. [REDACTED] refused to exit and instead continued into the bar where he was stopped by [REDACTED] [REDACTED] asked him several more times to exit the property and [REDACTED] responded "I'll deck you." [REDACTED] then moved towards the door and stepped out under the front overhang of the premise where he stopped and decided once again not to leave. When [REDACTED] told [REDACTED] yet another time to exit the property, [REDACTED] pulled out a small black handled folding knife and pointed the open blade towards [REDACTED] in a threatening manner. [REDACTED] then stated "I'll stab you nigger." [REDACTED] then left the property and went up the block to call 911 while [REDACTED] re-entered the business. [REDACTED] advised that he did want [REDACTED] removed from the property and arrested for threatening him with the above described weapon.

[REDACTED] stated that [REDACTED] was still inside the establishment and was believed to be in possession of the above described knife, which [REDACTED] saw [REDACTED] place back into his pocket. I then entered the business along with Ofc. Dixon and [REDACTED] pointed [REDACTED] out to us. We approached [REDACTED] at the table he was sitting at and asked him to walk outside with us to discuss the above incident. He refused to stand up and remained seated, ignoring our presence. Myself and Ofc. Dixon then each grabbed onto an arm [REDACTED] and escorted him through the bar and out to the front. Being concerned that [REDACTED] was still in possession of a knife, I maintained control of his left arm while Ofc. Dixon maintained control of his right arm. While walking him through the bar, I heard Ofc. Dixon issue multiple commands for [REDACTED] to keep his right hand away from his pockets. Once we got outside, I advised [REDACTED] to place his hands behind his back and advised that he would be detained while we continue our investigation. As I issued this command, I heard Ofc. Dixon again order [REDACTED] to stop moving his right hand towards his pocket. I ordered [REDACTED] for the second time to place his hands behind his back at which time he tensed his left arm up and pulled the arm up over my head and backwards, breaking my grasp on him. [REDACTED] then struggled away from Ofc. Dixon and attempted to turn his body towards me however was forced to the ground by Ofc. Dixon. Once on the ground I knelt down on the left side of [REDACTED] and regained my grasp on his left arm. From this position I shouted several commands to place his arms behind his back [REDACTED] tensed up his left arm and pulled it in towards his body and then underneath his chest while he lay stomach down on the sidewalk. From this position [REDACTED] struggled to break my grasp by jerking his arm back and forth forcefully underneath his body. When I was unable to force the arm free, I struck [REDACTED] on the left side of the face with a closed left fist. Several more verbal commands were issued to stop resisting arrest and to place his hands behind his back. When [REDACTED] refused to pull his left arm out from underneath him, I struck him multiple times in the left side of the face with a closed right fist. Following the strikes I issued further commands to stop resisting arrest. [REDACTED] still refused to release his arm to me at which time I struck him in the left side of the body twice with a closed right fist. I then heard [REDACTED] yell "I'm done, I give up" and he removed his left arm out from underneath his body. From this position I was able to force his left arm behind his back where he was handcuffed without further incident.

[REDACTED] sustained minor injuries including a laceration behind the left ear. AMR responded on scene to treat said injuries and released [REDACTED] without medical transport.

[REDACTED] advised that he did desire prosecution against [REDACTED] and provided a written statement detailing the above events.

[REDACTED], a witness to the above events, also provided a written statement detailing the incident.

McCarthy was subsequently charged with Menacing 2nd, CPW 4th, and Resisting Arrest and was transported

False Statements made herein are punishable as a Class A Misdemeanor pursuant to 210.45 NYSPLA AFFIRMED UNDER PENALTY OF PERJURY		Administrative Use Only		Page 6	
PRINT NAME Michael Shannon	ID# 0385	SIGNATURE Electronically Signed	SUPERVISOR NAME (PRINT) Sgt Susan Izzo	ID# 0040	APPROVED DATE 09/30/2016
			APPROVED BY SIGNATURE Approved Electronically		of 7

CNYLEADS Narrative Supplement 2

AGENCY Syracuse Police Department				DR # [REDACTED]	
Person Type VI	Last Name [REDACTED]	First [REDACTED]	Middle	Suffix	Business Name

booking in the rear of Unit 595C.
 [REDACTED] as refused at intake by the Justice Center medical staff and was transported to Upstate Hospital by AMR for further treatment.
 I sustained no injuries as a result of the above incident.
 Unit 535C E.T. Hahn responded on scene.
 Unit 410C Sgt. Izzo notified of incident and responded on scene.
 For further information see supplemental reports under the above listed DR#.
 Case closed by arrest.

False Statements made herein are punishable as a Class A Misdemeanor pursuant to 210.45 NYSPL AFFIRMED UNDER PENALTY OF PERJURY PRINT NAME Michael Shannon			Administrative Use Only SUPERVISOR NAME (PRINT) Sgt Susan Izzo		
ID#	SIGNATURE	ID#	APPROVED DATE	APPROVED BY SIGNATURE	Page
0385	Electronically Signed	0040	09/30/2016	Approved Electronically	7

CNYLEADS Supplemental Report Cover Page

Agency Name

Syracuse Police Department

ORI [REDACTED]		Location Code 3401		Incident Complaint Number [REDACTED]	
Incident Type MENA	Occurred Date/ Time 09/29/2016 21:20		Follow-up / Supplemental Date / Time 09/29/2016 23:30		
Incident Address: Number 1201	Prefix N	Street Name Salina		Street Type ST	Suffix [REDACTED]
Related DR Number -					

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☐ **NARRATIVE PAGE 2**

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☐ **NARRATIVE PAGE 3**

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☒ **INVOLVED PERSONS 1-3**

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☐ **INVOLVED PERSONS 4-6**

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☐ **INVOLVED PERSONS 7-9**

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☐ **INVOLVED PERSONS 10-12**

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☐ **INVOLVED PERSONS 13-15**

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☐ **INVOLVED PERSONS 16-18**

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☒ **OFFENSE PAGE**

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1. CASE STATUS: Closed	2. CLOSED BY: Arrest	DISPOSITION: (Clery only)	3. NYSPIN MSG:	4. DATE //	5. TIME :	Records Use Only 743
6. NOTIFIED UNIT:		7. PERSON NOTIFIED:	8. NOTIFIED DATE TIME: //	9. CASE RESPONSIBILITY/TOT:		Lab Submission Request N
<small>False Statements made herein are punishable as a Class A Misdemeanor pursuant to 210.45 NYSPL AFFIRMED UNDER PENALTY OF PERJURY</small> 10. PRINT NAME Michael Dixon			Administrative Use Only 11. ID# 12. SIGNATURE 0539 Electronically Signed			13. SUPERVISOR NAME (PRINT) Sgt Susan Izzo
			14. ID# APPROVED DATE 0040 09/30/2016		15. APPROVED BY SIGNATURE Approved Electronically	

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